## **Application Data Sheet**

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Status::

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SYSTEM AND METHOD FOR
	TREATMENT OF INDUSTRIAL
	WASTEWATER
Attorney Docket Number::	BROOK-LEVI3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	•
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli

**Full Capacity** 

Given Name:: Edward Middle Name::

Family Name:: BROOK-LEVINSON

Name Suffix::

City of Residence:: Petach Tikva

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 11 Hana Senesh Street

City of Mailing Address:: Petach Tikva

State or Province of Mailing Address:: 49507

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israeli

Status:: Full Capacity

Given Name:: Yevgenia

Middle Name::

Family Name:: DOBROKHOTOV

Name Suffix::

City of Residence:: Herzliya

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 7 Revavim Street

City of Mailing Address:: Herzliya

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 46240

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israeli

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: GUREVICH

Name Suffix::

City of Residence::

Ariel

State or Province of Residence::

Country of Residence::

Israel

Street of Mailing Address::

4 Hevron Street

City of Mailing Address::

Ariel

State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

44837

**Correspondence Information** 

Correspondence Customer Number::

001444

**Representative Information** 

Representative Customer Number::

001444

**Domestic Priority Information** 

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

This Application

National Stage of

PCT/IL05/000172

02-10-05

**Foreign Priority Information** 

Country::

Application Number::

Filing Date::

**Priority Claimed::** 

Israel

160384

02-12-04

Yes

**Assignment Information** 

Assignee Name::

Unigkleen-Wastewater Treatment Ltd.

Street of Mailing Address::

P.O. Box 73

City of Mailing Address::

Migdal Ha'emek

State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

23100